## PART B - FEE(S) TRANSMITTAL

| OCT 0 4 2006   | end this form, toget   | her with applicable   |  | P.O<br>Ale   | il Stop ISSUŁ<br>mmissioner fo<br>D. Box 1450<br>xandria, Virg<br>1)-273-2885   | rrate  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
| Oppropriate. All of ther   | correspondence including   | ng the Patent, advance o  | rders and notification   | ofn  | naintenance fees v  | vill be n  | nailed to the current  | should be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for  |  |
| CURRENT CORRESPOND   | DENCE ADDRESS (Note: Use B   | lock 1 for any change of address)   |  | Note<br>Fee(   | e: A certificate of<br>s) Transmittal. Thers. Each additiona  | mailing<br>is certifical<br>paper,   | can only be used for<br>cate cannot be used  | or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must   |  |
| OKAMOTO &<br>P.O. BOX 6413<br>SAN JOSE, CA   | & BENEDICTO, L<br>30   | .LP   |  | addr   | reby certify that thes Postal Service vessed to the Mail  | is Fee(s)<br>vith suffi<br>l Stop [  | SSUE FEE address   | smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.  |  |
| )/05/2006 CCHAU2 0   | 0000045 10017860   |   |  | J  | ames K. Ok  | amoto  | )  | (Depositor's name)   |  |
| FC:1501  | 1400.00<br>300.00  |   |  |  | Int. De   |  |  | (Signature)  |  |
| FC:1504  | 300.00   | ) UP  |  | S  | eptember 2  | <sub>29,</sub> 2006  |  | (Date)   |  |
| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVEN  | TOR  |   | ATTOR  | NEY DOCKET NO.   | CONFIRMATION NO.   |  |
| 10/017,860<br>TITLE OF INVENTION   | 12/14/2601<br>I: METHOD AND APPA   | ARATUS FOR INSPECT  | David Adler<br>ING A SUBSTRATE   |  |   |  | ì <sup>,</sup> 989   | 1659   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE D  | DUE  | PREV. PAID ISSU   | E FEE  | TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional   | NÓ   | \$1400  | \$300  | 1  | \$0   |  | \$1700   | 10/10/2006   |  |
| EXAM   | INER   | ART UNIT  | CLASS-SUBCLASS   | $\overline{}$  |   |  |  |  |  |
|  |  |   | CLASS-SUBCLASS   | 5  |   |  |  |  |  |
| AHMED, SAI   | MIR ANWAR  | 2624  | 382-149000   | <u>.                                    </u>   |   |  |  |  |  |
| CFR 1.363).  Change of corresponder  Change of corresponder  Address form PTO/SI   | ence address or indicatio<br>condence address (or Cha<br>B/122) attached.  | 2624 n of "Fee Address" (37 nge of Correspondence   | 382-149000  2. For printing on (1) the names of u or agents OR, alter (2) the name of a second or a se | the paup to  | 3 registered patentely,   | t attorne  | ys '<br>ra 2   | o & Benedicto L  |  |
| 1. Change of corresponde<br>CFR 1.363).  Change of corresp<br>Address form PTO/SI  "Fee Address" ind   | ence address or indicatio<br>condence address (or Cha<br>B/122) attached.<br>dication (or "Fee Address<br>12 or more recent) attach  | 2624 n of "Fee Address" (37 nge of Correspondence " Indication form   | 382-149000  2. For printing on (1) the names of tor agents OR, alter   | the paup to mative single or age   | 3 registered patentely,<br>firm (having as a gent) and the namentely or agents. If  | member   | ys '<br>ra 2<br>to   | o & Benedicto L  |  |
| 1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG   | ence address or indication ondence address (or Chab/122) attached. lication (or "Fee Address') or more recent) attached.  ND RESIDENCE DATA less an assignee is identify in 37 CFR 3.11. Comp  | 2624  n of "Fee Address" (37  inge of Correspondence  " Indication form led. Use of a Customer  A TO BE PRINTED ON This ified below, no assignee soletion of this form is NO  | 382-149000  2. For printing on (1) the names of u or agents OR, alter (2) the name of a registered attorney 2 registered patent listed, no name wi  THE PATENT (print of data will appear on the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for filing (B) RESIDENCE: (Control of the substitute for filing the substitute for  | the paup to rnative single of a torill be partype to type type type to type type type type type type type type   | 3 registered patently, a firm (having as a gent) and the namely or agents. If printed.  e) tent. If an assignments.   | member<br>es of up<br>no name  | ra 2to is 3ntified below, the d  |  |  |
| 1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIGNEE KLA—TENCO  | ence address or indication on the condence address (or Charles) attached. It cation (or "Fee Address 22 or more recent) attached. ND RESIDENCE DATA less an assignee is idented in 37 CFR 3.11. Companies of the c | 2624  n of "Fee Address" (37  inge of Correspondence  " Indication form led. Use of a Customer  A TO BE PRINTED ON This ified below, no assignee soletion of this form is NO  | 382-149000  2. For printing on (1) the names of u or agents OR, alter (2) the name of a registered attorney 2 registered patent listed, no name wi THE PATENT (print of data will appear on t T a substitute for filing (B) RESIDENCE: (C  | the part type or type of type  | 3 registered patently, a firm (having as a gent) and the namelys or agents. If printed.  e) tent. If an assignment, and STATE OR CALT.  | member es of up no name ee is ide  | ra 2 to is 3  ntified below, the d   | ocument has been filed for   |  |
| 1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGNEE KLA—TENCOI  Please check the appropr  4a. The following fee(s):  Issue Fee Publication Fee (N              | ence address or indication on the condence address (or Chab 122) attached. It cation (or "Fee Address 122 or more recent) attached. ND RESIDENCE DATA less an assignee is idented in 137 CFR 3.11. Companies of the companies of th | 2624  n of "Fee Address" (37  inge of Correspondence " Indication form led. Use of a Customer  A TO BE PRINTED ON 7  ified below, no assignee oletion of this form is NO  S CORPORATION  categories (will not be presented)   | 382-149000  2. For printing on (1) the names of u or agents OR, alter (2) the name of a registered attorney 2 registered attorney 1 registered patent listed, no name with THE PATENT (print of data will appear on the Tall a substitute for filing (B) RESIDENCE: (CM) inted on the patent):  D. Payment of Fee(s): (CM) Payment by credit (CM)  | the paup to mativ single / or against attor ll be por type he pa g an a CITY   | 3 registered patently. 2 firm (having as a gent) and the namely or agents. If printed. 2 e) 3 tent. If an assignment. 4 and STATE OR COUNTY CALL. 5 Individual County Call. 5 c first reapply and 1. Form PTO-2038  | members of up no name ee is ide countre FORNI proporation by previous attack                               | ntified below, the day)  A nor other private grouply paid issue fee med.   | ocument has been filed for but the formula occurrence o |  |
| 1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG KLA-TENCO  Please check the appropr  4a. The following fee(s): Issue Fee Publication Fee (N Advance Order - # | ence address or indication on the condence address (or Chab 122) attached. It cation (or "Fee Address 122 or more recent) attached. It cation (or "Fee Address 122 or more recent) attached to the condense of the compact of the compact of the compact of the condense of th | 2624  n of "Fee Address" (37  inge of Correspondence  " Indication form led. Use of a Customer  A TO BE PRINTED ON To  ified below, no assignee oletion of this form is NO  S CORPORATION  categories (will not be presented) | 382-149000  2. For printing on (1) the names of u or agents OR, alter (2) the name of a registered attorney 2 registered attorney 1 registered patent listed, no name with THE PATENT (print of data will appear on to T a substitute for filing (B) RESIDENCE: (C)  Interest on the patent):  D. Payment of Fee(s): (C)  A check is enclosed a payment by credital payment by credital payment, to D  b. Applicant is no  | the paup to mativ single of a story in the paup to or appearance of the paup to the paup t | 3 registered patentely, e firm (having as a gent) and the namely or agents. If printed. e) tent. If an assignment. and STATE OR COUTAS, CALL. Individual Course first reapply and authorized to chartit Account Number er claiming SMAL                             | member es of up no name ee is ide countre formular proporation is attack gethere.                          | ntified below, the day)  An or other private grouply paid issue fee the day.  Ty status. See 37 Cl                         | ocument has been filed for our entity Government shown above)  ficiency, or credit any n extra copy of this form).   |  |
| 1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG KLA-TENCO  Please check the appropr  4a. The following fee(s): Issue Fee Publication Fee (N Advance Order - # | ence address or indication on the condence address (or Chab 122) attached. It cation (or "Fee Address 122 or more recent) attached. It cation (or "Fee Address 122 or more recent) attached to the condense of the compact of the compact of the compact of the condense of th | 2624  n of "Fee Address" (37  inge of Correspondence  " Indication form led. Use of a Customer  A TO BE PRINTED ON To  ified below, no assignee oletion of this form is NO  S CORPORATION  categories (will not be presented) | 382-149000  2. For printing on (1) the names of u or agents OR, alter (2) the name of a registered attorney 2 registered attorney 1 registered patent listed, no name with THE PATENT (print of data will appear on to T a substitute for filing (B) RESIDENCE: (C)  Interest on the patent):  D. Payment of Fee(s): (C)  A check is enclosed a payment by credital payment by credital payment, to D  b. Applicant is no  | the paup to mativ single of a story in the paup to or appearance of the paup to the paup t | 3 registered patentely, e firm (having as a gent) and the namely or agents. If printed. e) tent. If an assignment. and STATE OR COUTAS, CALL. Individual Course first reapply and authorized to chartit Account Number er claiming SMAL                             | member es of up no name ee is ide countre formular proporation is attack gethere.                          | ntified below, the day)  An or other private grouply paid issue fee the day.  Ty status. See 37 Cl                         | ocument has been filed for bup entity Government shown above)  ficiency, or credit any n extra copy of this form).   |  |
| 1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG KLA-TENCO  Please check the appropr  4a. The following fee(s): Issue Fee Publication Fee (N Advance Order - # | ence address or indication on the condence address (or Chab 122) attached. It cation (or "Fee Address 122 or more recent) attached. It cation (or "Fee Address 122 or more recent) attached to the condense of the compact of the compact of the compact of the condense of th | 2624  n of "Fee Address" (37  inge of Correspondence  " Indication form led. Use of a Customer  A TO BE PRINTED ON To  ified below, no assignee oletion of this form is NO  S CORPORATION  categories (will not be presented) | 382-149000  2. For printing on (1) the names of u or agents OR, alter (2) the name of a registered attorney 2 registered attorney 1 registered patent listed, no name with THE PATENT (print of data will appear on to T a substitute for filing (B) RESIDENCE: (C)  Interest on the patent):  D. Payment of Fee(s): (C)  A check is enclosed a payment by credital payment by credital payment, to D  b. Applicant is no  | the paup to mativ single of a story in the paup to or appearance of the paup to the paup t | 3 registered patentely, a firm (having as a gent) and the namely or agents. If printed.  e) tent. If an assign assignment.  and STATE OR CITAS, CALI.  Individual Cose first reapply and authorized to charit Account Number claiming SMAL e applicant; a register. | member es of up no name es is ide countre formular proporation is attack gether ear 50-2. LENTI stered att | ntified below, the day  and or other private grounds paid issue fee  and day  TY status. See 37 Cl  orney or agent; or the | ocument has been filed for our entity Government shown above)  ficiency, or credit any n extra copy of this form).   |  |

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   | Application Number      | Application Number   |  | 10/017,860                          |  |          |  |  |  |
|---|-------------------------|--|--|-------------------------------------|--|----------|--|--|--|
| TRANSM  | Filing Date             | Filing Date  |  | December 14, 2001                   |  |          |  |  |  |
| 6 <sup>1</sup>  | First Named Inver       | First Named Inventor                                       |  | David L. Adler                      |  |          |  |  |  |
| OCT 0 4 2006 B  | Art Unit                | Art Unit   |  | 2624                                |  |          |  |  |  |
| (to be used to all correspond   | Examiner Name           | Examiner Name  |  | Ahmed, Samir Anwar                  |  |          |  |  |  |
| Pages in This   |                         | Attorney Docket Number                                     |  | P989 (11.000800)                    |  |          |  |  |  |
|   |                         | ENCLOSURES (check all the                                  | at apply)  |                                     |  | ]        |  |  |  |
| Fee Transmittal Form Drawing(s  |                         | awing(s)   |  | After Allowance Communication to TC |  |          |  |  |  |
|   | ensing-related Papers   |  | Appeal Communication to Board of Appeals and Interferences     |                                     |  |          |  |  |  |
| Amendment / Reply   | tition                  |  | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |                                     |  |          |  |  |  |
| After Final   | After Final Petition to |  |  | Proprietary Information             |  |          |  |  |  |
| Affidavits/declaration  |                         | wer of Attorney, Revocation<br>range of Correspondence Add | dress  | Status Letter                       |  |          |  |  |  |
| Extension of Time Reque   | minal Disclaimer        |  | Other En   | nclosure(s)<br>lentify below):      |  |          |  |  |  |
| Express Abandonment R   | lequest                 | Request for Refund  CD, Number of CD(s)                    |  |                                     | (s) Transmittal (in duplicate);<br>ipt Postcard              |          |  |  |  |
| ☐ Information Disclosure St   | tatement                | Landscape Table on CD                                      |  |                                     |  |          |  |  |  |
| Certified Copy of Priority Document(s)  | Rema                    | ırks   |  |                                     |  |          |  |  |  |
| Reply to Missing Parts/   |                         |  |  |                                     |  |          |  |  |  |
| Incomplete Application  | 4-                      |  |  |                                     |  |          |  |  |  |
| Reply to Missing Pauder 37 CFR1.52 o  |                         |  |  |                                     |  |          |  |  |  |
|   | SIGNATUR                | E OF APPLICANT, ATTO                                       | RNEY O   | RAGENT                              |  | 1        |  |  |  |
| Firm  |                         | OTO & BENEDICTO LLP  | ····   |                                     |  | 1        |  |  |  |
| Signature   | k.o-                    | k. 0   |  |                                     |  |          |  |  |  |
| Printed Name James K. Okan  |                         |  |  |                                     |  |          |  |  |  |
| Date  | nber 29, 2006           | Reg.<br>No.  | 40,110   |                                     |  |          |  |  |  |
|   | CERT                    | TIFICATE OF TRANSMIS                                       | SION/MAI   | LING                                |  | <u> </u> |  |  |  |
| I hereby certify that this con<br>Service with sufficient post<br>Alexandria, VA 22313-1450 | age as first class      | mail in an envelope addre                                  | the USPTO  | or deposited<br>commissioner        | with the United States Postal<br>for Patents, P.O. Box 1450, |          |  |  |  |
| Signature   | 0                       | de. Oc   |  |                                     |  |          |  |  |  |
| Typed or printed name   | to                      |  | Date   | September 29, 2006                  |  |          |  |  |  |
|   |                         |  |  |                                     |  |          |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.